AUTOMATED WELLNESS SYSTEM MANAGING PERSONALIZED FITNESS PROGRAMS

BACKGROUND

[0001]   1. Field of the Invention

[0002]   The present invention relates to the field of wellness and fitness and, more particularly, to an automated system for managing personalized fitness programs.

[0003]   2. Description of the Related Art

[0004]   Dieting is out of control in the United States. People have been socially conditioned to have a distorted perception of their own body form and to have a distorted view of what being in a physically healthy state should mean. Consider that most fashion models are thinner than 98% of American woman. Contrast this statistic with the fact that Marilyn Monroe, during her years of prominence, fluctuated between a dress size 14 and 18, which would be considered overweight by today's standards. Contemplate that four out of five American women say they are dissatisfied with the way they look. Ponder that on any given day, approximately half the women and one forth of the men in the United States are on a diet. Further, almost half of American children between first and third grades say that they want to be thinner.

[0005]   Reflect upon a society that spends over forty billion dollars a year on dieting and diet related products. Surveys indicate that more than one out of three "normal dieters" progress to pathological dieting at some point in their lifetime—one fourth of those people will suffer from a partial or full syndrome eating disorder. Surveys also suggest that between five and ten million females and approximately one million men struggle with eating disorders and borderline conditions. Ruminate that the number of people with eating disorders and borderline conditions in the United States (approximately 2 million people at any time) is roughly triple the number of people living with Acquired Immune Deficiency Syndrome (AIDS) (slightly over 650, 000 people). Further, although approximately 2.2 million people live with schizophrenia, eating disorders affect at least three times as many people as schizophrenia does.

[0006]   The personal consequences to distorted body perceptions can be devastating and the associated mental risks manifold. Feelings of guilt, inadequacy, depression, and low self-esteem are common accompaniments of distorted body perceptions. Worse, a person's personal fixation with perceived physical inadequacies can be reinforced by external forces. That is, people crave social acceptance and America's obsession with thinness can perpetuate unhealthy behavior and nutritional deficiencies.

[0007]   Conventional diets and dietary programs can be ineffective. The focus of most conventional diets is to change the mass of an individual, from a starting mass to a target mass. Such programs are designed to address the symptom, but not the source of the underlying problems that resulted in an undesired physical state. Regardless of how massive a person is, fatness or thinness is intricately tied to a state of mind. Morphing a body form without altering this state of mind is at best a temporary resolution of a far deeper dilemma. This is why so many dieters oscillate between excessively bulky and excessively waif-like states. The oscillations can cause dieters to degenerate mentally and

physically, further perpetuating and ingraining the problems associated with having a perceptually unpleasing body form.

[0008]   More specifically, a "fat person" has a mind-set that contains thoughts, cravings, attitudes, and habits that drive an individual to be obsessed by food. This mind-set is independent of body mass. No matter what a fat person does, the mind-set will always prevent such a person from having a healthy relationship with their body, thereby often preventing a fat person from living a satisfying and empowering life.

[0009]   In contrast, a "thin person" is not constantly dominated by thoughts about food and/or their body form. A thin person exhibits sane eating habits. That is, a thin person eats when hungry and stops eating when full. Regardless of their mass, a thin person is not physically, mentally, and socially controlled by food. Rather, a thin person's relationship with food and their body is natural, and is delegated to a peripheral facet of their life. Consequently, a thin person is both mentally and physically healthy.

[0010]   A need exists for establishing a wellness program that transforms a fat person into a thin person. It should be appreciated that such a program should conjunctively address both physical and mental hurdles that must be overcome before a fat person can be transformed into a thin person. Because each fat person has experienced different re-enforcing events that have resulted in their current state, the program should be tailored for specific individuals. Further, such a program should dynamically adjust itself over time, so that the program adapts itself in accordance with changes in the mental and physical states of the participants.

SUMMARY OF THE INVENTION

[0011]   A method, system, and apparatus for establishing personalized wellness programs that transform participants into thin people in accordance with the inventive arrangements disclosed herein. More specifically, the subject matter disclosed herein provides an automated computer system that dynamically devises wellness programs based upon a multitude of metrics. The metrics can include psychological, physiological, program history, and other data points that can be securely and confidentially stored within a data store. A multitude of tools can be provided as part of the wellness program. For example, tools can include educational classrooms, exercise routines, psychological counseling, support groups of similarly situated participants, online experts, and the like. Particular ones of the tools can include tests, the participant needing a predetermined test score before the participant can progress to further stages in the wellness program. That is, a participant may have to pass a test that indicates the achievement of a mental milestone before one or more physical milestones and program specifics established to achieve the physical milestones are revealed to the participant.

[0012]   In one embodiment, each participant can be matched with a digital wellness coach having a simulated personality selected to match the participant. For example, a selected coach can appear soft spoken, kind, understanding, ruthless, bossy, and the like. Different coaches can also be tailored for the age, gender, intelligence, ethnicity, and/or goals of the participant. When a participant has trouble overcoming a milestone, a different digital coach can tem-